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COMMISSIONER FOR PATENTS
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WASHINGTON, D.C. 20231
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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 3765

SERIAL NUMBER 09/663,329	FILING DATE 09/18/2000 RULE	CLASS 434	GROUP ART UNIT 3712	ATTORNEY DOCKET NO. CRT/11842
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APPLICANTS

Ronni S. Sterns, Akron, OH;

Harvey L. Sterns, Akron, OH;

Anthony Sterns, Akron, OH; Charles A. Nelson, Akron, OH;

Vincent Antenucci, Wadsworth, OH;

Cameron J. Camp III, Solon, OH;

Kent W. Murphy, Wooster, OH;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

007609

RANKIN, HILL, PORTER & CLARK, LLP

925 EUCLID AVENUE, SUITE 700

CLEVELAND, OH

44115-1405

TITLE

Phonetic transliteration card display

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)



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SERIAL NUMBER 09/663,329	FILING DATE 09/18/2000 RULE -	CLASS 434	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. CRT/11842
APPLICANTS Ronni S. Sterns, Akron, OH ; Harvey L. Sterns, Akron, OH ; Anthony Sterns, Akron, OH ; Charles A. Nelson, Akron, OH ; Vincent Antenucci, Wadsworth, OH ; Cameron J. Camp III, Solon, OH ; Kent W. Murphy, Wooster, OH ;				
** CONTINUING DATA ***** IF				
** FOREIGN APPLICATIONS ***** IF				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/11/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 19
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS 007609				
TITLE Phonetic transliteration card display				
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	